

<i>SERFF Tracking Number:</i>	<i>TAPK-126672677</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Family Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>45928</i>
<i>Company Tracking Number:</i>			
<i>TOI:</i>	<i>L03I Individual Life - Special</i>	<i>Sub-TOI:</i>	<i>L03I.000 Individual Life - Special</i>
<i>Product Name:</i>	<i>Return of Premium Rider</i>		
<i>Project Name/Number:</i>	<i>/</i>		

Filing at a Glance

Company: Family Life Insurance Company

Product Name: Return of Premium Rider

TOI: L03I Individual Life - Special

Sub-TOI: L03I.000 Individual Life - Special

Filing Type: Form

SERFF Tr Num: TAPK-126672677 State: Arkansas

SERFF Status: Closed-Approved-Closed
Closed

Co Tr Num:

State Status: Approved-Closed

Reviewer(s): Linda Bird

Author: Suzanne Heasley

Disposition Date: 06/17/2010

Date Submitted: 06/12/2010

Disposition Status: Approved-Closed

Implementation Date:

Implementation Date Requested:

State Filing Description:

General Information

Project Name:

Project Number:

Requested Filing Mode:

Explanation for Combination/Other:

Submission Type:

Overall Rate Impact:

Filing Status Changed: 06/17/2010

Status of Filing in Domicile:

Date Approved in Domicile:

Domicile Status Comments:

Market Type:

Group Market Size:

Group Market Type:

Explanation for Other Group Market Type:

State Status Changed: 06/17/2010

Created By: Suzanne Heasley

Corresponding Filing Tracking Number:

Deemer Date:

Submitted By: Suzanne Heasley

Filing Description:

See attached submission letter

Company and Contact

Filing Contact Information

Suzanne Heasley,

2325 Havard Oak Drive

Plano, TX 75074

Uheas@aol.com

972-398-3733 [Phone]

972-398-3733 [FAX]

Filing Company Information

SERFF Tracking Number: TAPK-126672677 State: Arkansas
 Filing Company: Family Life Insurance Company State Tracking Number: 45928
 Company Tracking Number:
 TOI: L031 Individual Life - Special Sub-TOI: L031.000 Individual Life - Special
 Product Name: Return of Premium Rider
 Project Name/Number: /

(This filing was made by a third party - tallenpark)

Family Life Insurance Company CoCode: 63053 State of Domicile: Texas
 10700 Northwest Freeway Group Code: Company Type:
 Houston, TX 77092 Group Name: State ID Number:
 (800) 925-6000 ext. [Phone] FEIN Number: 91-0550883

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation:
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Family Life Insurance Company	\$50.00	06/12/2010	37184786

SERFF Tracking Number:	TAPK-126672677	State:	Arkansas
Filing Company:	Family Life Insurance Company	State Tracking Number:	45928
Company Tracking Number:			
TOI:	L031 Individual Life - Special	Sub-TOI:	L031.000 Individual Life - Special
Product Name:	Return of Premium Rider		
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	06/17/2010	06/17/2010

SERFF Tracking Number: *TAPK-126672677*

State: *Arkansas*

Filing Company: *Family Life Insurance Company*

State Tracking Number: *45928*

Company Tracking Number:

TOI: *L031 Individual Life - Special*

Sub-TOI: *L031.000 Individual Life - Special*

Product Name: *Return of Premium Rider*

Project Name/Number: */*

Disposition

Disposition Date: 06/17/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number:	TAPK-126672677	State:	Arkansas
Filing Company:	Family Life Insurance Company	State Tracking Number:	45928
Company Tracking Number:			
TOI:	L031 Individual Life - Special	Sub-TOI:	L031.000 Individual Life - Special
Product Name:	Return of Premium Rider		
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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		Yes
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	Authorization		Yes
Supporting Document	Submission Letter		Yes
Form	Return of Premium Rider		Yes

SERFF Tracking Number:	TAPK-126672677	State:	Arkansas
Filing Company:	Family Life Insurance Company	State Tracking Number:	45928
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Product Name:	Return of Premium Rider		
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Form Schedule

Lead Form Number:

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	S20RP-2010	Policy/Cont Return of Premium ract/Fratern Rider al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		51.000	S20RP-2010 Final.pdf



Family Life Insurance Company
[Administrative Office: 10700 Northwest Freeway, Houston, TX 77092]
[800-877-7705]

RETURN OF PREMIUM RIDER

1. ADDITIONAL DEFINITIONS

1.1 ADDITIONAL INSURED: The Additional Insured(s) so named in the Policy Schedule.

2. EFFECTIVE DATE

This rider is effective on the policy's Date of Issue.

3. BENEFIT

While this rider is in effect, we will pay a Return of Premium benefit if the policy ends on or before the expiration of the Initial Term Period noted on the Policy Schedule Page.

The Return of Premium Benefit is equal to cumulative annual premiums on the policy and any attached riders, multiplied by the appropriate percentage from the Schedule of Cash Values below, less any amount paid under the policy and any other rider attached to the policy.

In the event of the death of the Insured or any Additional Insured, this rider will terminate. In the event of the death of any Additional Insured for whom a death benefit is payable under a rider attached to the policy, any remaining Return of Premium benefit, after determination of the death benefit payable under such rider payable for such Additional Insured will be paid along with such payment under such rider.

If the Return of Premium benefit is greater than the amount of insurance in effect on the policy, the amount of insurance will be increased to be 105% of the Return of Premium benefit.

SCHEDULE OF CASH VALUES FOR RIDER FORM (ROP)

Male Non-Smoker

Year	Issue Age						
	16-20	21-25	26-30	31-35	36-40	41-45	46-50
1	0%	0%	0%	0%	0%	0%	0%
2	0%	0%	0%	0%	0%	0%	0%
3	0%	0%	0%	0%	0%	9%	16%
4	0%	0%	0%	6%	17%	24%	28%
5	16%	16%	16%	21%	29%	34%	37%
6	28%	28%	28%	32%	38%	42%	43%
7	38%	38%	38%	40%	45%	48%	49%
8	45%	45%	45%	47%	51%	52%	53%
9	52%	52%	51%	53%	56%	57%	57%
10	57%	57%	57%	58%	60%	61%	61%
11	62%	62%	62%	63%	64%	65%	65%
12	67%	67%	67%	67%	69%	69%	68%
13	72%	72%	71%	72%	72%	72%	72%
14	76%	76%	76%	76%	76%	76%	76%
15	80%	80%	80%	80%	80%	80%	80%
16	84%	84%	84%	84%	84%	84%	83%
17	88%	88%	88%	88%	88%	88%	88%
18	92%	92%	92%	92%	92%	93%	93%
19	96%	96%	96%	96%	96%	96%	96%
20	100%	100%	100%	100%	100%	100%	100%

Male Smoker

Year	Issue Age						
	16-20	21-25	26-30	31-35	36-40	41-45	46-50
1	0%	0%	0%	0%	0%	0%	0%
2	0%	0%	0%	0%	0%	0%	4%
3	0%	0%	0%	4%	13%	19%	21%
4	12%	12%	14%	21%	27%	30%	33%
5	26%	26%	27%	32%	36%	38%	40%
6	36%	36%	37%	40%	43%	44%	45%
7	44%	44%	44%	47%	49%	50%	50%
8	50%	50%	50%	52%	53%	53%	53%
9	56%	55%	55%	57%	57%	57%	56%
10	61%	60%	60%	61%	61%	61%	60%
11	65%	65%	64%	65%	65%	65%	63%
12	69%	69%	69%	69%	69%	69%	67%
13	73%	73%	73%	73%	73%	72%	71%
14	77%	77%	77%	77%	77%	76%	74%
15	81%	81%	81%	80%	80%	80%	78%
16	85%	85%	85%	84%	84%	83%	82%
17	89%	89%	88%	88%	88%	88%	87%
18	93%	93%	92%	92%	92%	92%	92%
19	97%	97%	96%	96%	96%	96%	96%
20	100%	100%	100%	100%	100%	100%	100%

Female Non-Smoker

	Issue Age						
Year	16-20	21-25	26-30	31-35	36-40	41-45	46-50
1	0%	0%	0%	0%	0%	0%	0%
2	0%	0%	0%	0%	0%	0%	0%
3	0%	0%	0%	0%	0%	2%	11%
4	0%	0%	0%	3%	12%	20%	26%
5	14%	14%	14%	19%	26%	31%	35%
6	27%	27%	26%	30%	35%	39%	42%
7	36%	36%	36%	39%	43%	46%	49%
8	44%	44%	44%	46%	49%	51%	53%
9	51%	51%	50%	52%	54%	56%	57%
10	56%	56%	56%	58%	59%	60%	61%
11	62%	62%	62%	63%	64%	65%	65%
12	67%	67%	66%	67%	68%	69%	69%
13	71%	71%	71%	71%	72%	72%	72%
14	76%	76%	75%	76%	76%	76%	76%
15	80%	80%	80%	80%	80%	80%	80%
16	84%	84%	84%	84%	84%	84%	84%
17	88%	88%	88%	88%	88%	88%	88%
18	92%	92%	92%	92%	92%	92%	92%
19	96%	96%	96%	96%	96%	96%	96%
20	100%	100%	100%	100%	100%	100%	100%

Female Smoker

	Issue Age						
Year	16-20	21-25	26-30	31-35	36-40	41-45	46-50
1	0%	0%	0%	0%	0%	0%	0%
2	0%	0%	0%	0%	0%	0%	0%
3	0%	0%	0%	0%	7%	13%	17%
4	9%	9%	11%	18%	23%	27%	28%
5	24%	24%	25%	30%	33%	35%	37%
6	34%	34%	35%	39%	41%	43%	45%
7	43%	43%	43%	45%	47%	49%	49%
8	49%	49%	49%	51%	52%	53%	53%
9	55%	55%	55%	56%	57%	57%	56%
10	60%	60%	60%	61%	61%	61%	60%
11	65%	65%	64%	65%	65%	65%	64%
12	69%	69%	69%	69%	69%	68%	67%
13	73%	73%	73%	73%	73%	72%	71%
14	77%	77%	77%	77%	76%	76%	75%
15	81%	81%	81%	80%	80%	80%	78%
16	85%	85%	85%	84%	84%	83%	82%
17	89%	89%	89%	88%	88%	88%	87%
18	93%	93%	92%	92%	92%	92%	92%
19	97%	97%	96%	96%	96%	96%	96%
20	100%	100%	100%	100%	100%	100%	100%

4. CASH SURRENDER OPTION

This rider provides for a cash value benefit for the policy to which this rider is attached, subject to the terms of this rider. The cash value is equal to the Return of Premium benefit of this rider.

5. NONFORFEITURE OPTIONS

If the policy lapses while this rider is in effect and a cash value is shown as applicable on the date of such lapse, one of two options will be available.

- 5.1 **CASH SURRENDER:** The policy may be surrendered for its cash value. The cash value is equal to the Return of Premium benefit. We will require your Written Request and return of the policy or a certification (on a form we accept) stating that the policy has been lost or destroyed.
- 5.2 **EXTENDED LEVEL TERM INSURANCE:** If no option is selected, this option will be automatic. Under this option, you may continue the policy as nonparticipating extended level term insurance. The term period will start on the due date of the unpaid premium. That period will be determined by applying the cash value as a net single premium for such insurance. At the end of that period, the insurance will terminate and there will be no cash value remaining.

6. SURRENDER OF INSURANCE UNDER EXTENDED LEVEL TERM INSURANCE OPTION

Any insurance provided under the Extended Level Term Insurance Option may be surrendered for its cash value. The cash value will equal the net single premium for the insurance remaining. If such surrender occurs within 30 days after a policy anniversary, the value will not be less than the cash value on that anniversary.

6.1 **WE WILL REQUIRE:**

- Your written request; and
- Return of the policy or a certification (on a form we accept) stating that the policy has been lost or destroyed.

7. DEFFERRAL OF CASH VALUE PAYMENT

We reserve the right to defer payment of the cash value for up to 6 months after we receive your written request. We will pay interest at a rate not less than the minimum rate required by state law, if the deferral period is 30 days or more.

8. BASIS OF POLICY VALUES

The non-forfeiture values under this rider are at least equal to those required by law of the state in which the policy and this rider are delivered. All values equal or exceed those required by the state in which the policy and this rider are issued. A detailed statement of the method of computing these values has been filed with the insurance supervisory official of the state in which the policy and this rider are issued. Minimum values are based on the 2001 CSO mortality table at an interest rate of 5.0%.

9. NON PARTICIPATING

Dividends are not payable.

10. RIDER TERMINATION


THIS RIDER WILL END AT THE EARLIEST OF THE FOLLOWING EVENTS:

- 10.1 Expiration Date of the initial term period;
- 10.2 Any Nonforfeiture Option goes into effect;
- 10.3 Your written request to terminate this rider;
- 10.4 The policy terminates; or
- 10.5 The death of the Insured or any Additional Insureds.

Family Life Insurance Company



President



Secretary

SERFF Tracking Number:	TAPK-126672677	State:	Arkansas
Filing Company:	Family Life Insurance Company	State Tracking Number:	45928
Company Tracking Number:			
TOI:	L031 Individual Life - Special	Sub-TOI:	L031.000 Individual Life - Special
Product Name:	Return of Premium Rider		
Project Name/Number:	/		

Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification Comments: Attachment: Readability certificate.pdf		
Satisfied - Item: Application Comments: See attached submission letter		
Satisfied - Item: Authorization Comments: Attachment: E&Lltre709.pdf		
Satisfied - Item: Submission Letter Comments: Attachment: Submission letter.pdf		

Readability Certification

Insurance Company: Family Life Insurance Company

<u>Form Number</u>	<u>Description of Form</u>	<u>Score</u>
S20RP-2010	Return of Premium Rider	51.0

I hereby certify that the above referenced form complies with the readability requirements of this State.

Mary Lou Rainey

Authorized Signature

Mary Lou Rainey

Name

Secretary

Title

June 11, 2010

Date



Deborah Tatro, Vice President

July 24, 2009

Re: Filing Authorization
T. Allen Park & Associates, Inc.
9441 LBJ Freeway, Suite 102
Dallas, TX 75074

Re: Manhattan Life Insurance Company

To Whom It May Concern:

I hereby authorize Suzanne Heasley and Vicki Rowe to submit state filings of insurance forms/rates/products on behalf of Lewis & Ellis, Inc. regarding the Manhattan Life Insurance Company, Central United Life Insurance Company and Family Life Insurance Company.

This authorization includes the power to provide necessary assurances and certifications related to such forms, rates and or products except as prohibited by law.

This authorization is to be effective until revoked in writing by an authorized representative of Lewis & Ellis, Inc.

A handwritten signature in black ink, appearing to read "Deborah Tatro", is written over a horizontal line.

Deborah Tatro
Vice President

Manhattan Insurance Group
Manhattan Life Insurance Company
Central Life Insurance Company
Family Life Insurance Company
10700 Northwest Freeway
Houston, TX 77092
Email: dtatro@culins.com

Phone: 713-821-6423
Toll Free: 800-669-9030 ext. 6423
Fax: 713-529-6309



T. ALLEN PARK & ASSOCIATES, INC.

2325 Havard Oak Drive Plano, TX 75074
(972) 398-3733 Uheas@aol.com

June 11, 2010

Arkansas Department of Insurance

RE: Family Life Insurance Company NAIC # 63053

S20RP-2010 Return of Premium Rider

Dear Sir or Madam:

This filing is being submitted on behalf of Family Life Insurance Company. The above referenced form is submitted for your review and approval. This form is new and not intended to replace any previously approved form.

This form provides for a return of premium benefit to the life policy referenced below. When approved this form will be used with the following:

Form	Form Number	Approval/Exempt Date
Life Insurance Policy	AL-2004 (AR)	11/27/01
Application	F-8399	11/23/04
Supplemental Life Application	L-9 SUP	12/15/03
Revised Supplemental Life Application	L-9 SUP (4-04)	05/13/04
Additional Insured Rider	AL-2120	05/04/02
Children Rider	AL-701	08/11/86

Similar forms were filed in the home state of Texas on June 10, 2010.

The readability score is 51.0.

Should you have any questions or need additional information, please do not hesitate to call me at (972) 398-3733.

Sincerely,

Suzanne Heasley, FLMI, CLU
Legal Assistant and Compliance Specialist